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RCE/1648/18

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/623,533
	Filing Date	September 5, 2000
	First Named Inventor	Dominique P. BRIDON
	Art Unit	1648
	Examiner Name	J. Parkin
Total Number of Pages in This Submission	20 + 6 refs.	Attorney Docket Number 500862001520

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form – in duplicate, 2 pgs. <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply – 11 pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement – 3 pgs.	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	1. RCE Transmittal – 1 pg.
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	2. PTO/SB/08a/b – 1 pg.
	<input type="checkbox"/> Landscape Table on CD	3. 6 Cited References
	Remarks	4. Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	April 5, 2006	Reg. No.	38,651

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV731513843US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 5, 2006

Signature: *Laura Tsang*

(Laura Tsang)



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FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	09/623,533	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Filing Date	September 5, 2000	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Dominique P. BRIDON	
		Examiner Name	J. Parkin	
TOTAL AMOUNT OF PAYMENT		Art Unit	1648	
(\$)		670.00	Attorney Docket No.	500862001520

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
39	- 37 =	2
Extra Claims	Fee (\$)	Fee Paid (\$)
2	25.00	50.00
Indep. Claims		
2	- 3 =	0
Extra Claims	Fee (\$)	Fee Paid (\$)
0	100.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Request for continued examination (RCE) (see 37 ...	395.00
Petition for extension of time - 2 mos.	225.00

SUBMITTED BY			
Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651
Name (Print/Type)	Michael R. Ward	Telephone	(415) 268-6237
		Date	April 5, 2006